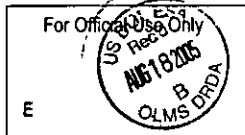


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - <u>9752</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Joseph</u> <u>R</u> <u>Mathews</u> P O Box, Bldg , Room No , if any Street <u>14004 McNulty Road</u> City <u>Philadelphia</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>19154-1106</u>	4 Name, file number, and address of labor organization Name <u>Sprinklerfitters Local 692</u> Labor Organization File Number <u>022-875</u> P O Box, Building and Room Number, if any Street <u>14002 McNulty Road</u> City <u>Philadelphia</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>19154-1106</u>
5 Position in labor organization <u>Training Instructor</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests  
(except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bldg , Room No , if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction, or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)		
Signed <u>Joseph R Mathews</u>	On <u>8-12-05</u> Date	<u>215-671-1692</u> Telephone Number

Name of Person Filing    Joseph Mathews	File Number U-
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**B** Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p><b>8</b> Name and address of Business (including trade name, if any)</p> <p>Name <input style="width: 90%;" type="text" value="National Automatic Sprinkler Fund of N Y"/></p> <p>Trade Name, if any <input style="width: 80%;" type="text"/></p> <p>P O Box, Bldg , Room No , if any <input style="width: 80%;" type="text" value="P O Box 1987"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text" value="Gaffney"/></p> <p>State <input style="width: 20%;" type="text" value="South Carolina"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="29342-1987"/></p>	<p><b>9</b> Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p><b>10</b> If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <input style="width: 90%;" type="text"/></p> <p>Trade Name, if any <input style="width: 80%;" type="text"/></p> <p>P O Box, Bldg , Room No , if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p><b>11 a</b> Nature of such dealing</p> <div style="border: 1px solid black; height: 80px; padding: 5px;">See attached</div> <p><b>11 b</b> Approximate dollar value of such dealing <input style="width: 100px;" type="text"/></p> <p><b>12 a</b> Nature of interest held or income received</p> <div style="border: 1px solid black; height: 100px; padding: 5px;">Amounts for expenses realated to attendance at annual convention and educational conference/ seminar</div> <p><b>12 b</b> Amount <input style="width: 100px;" type="text" value="\$4,500"/></p>

<p><b>C</b> Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p><b>13 a</b> Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name <input style="width: 90%;" type="text"/></p> <p>Trade Name, if any <input style="width: 80%;" type="text"/></p> <p>P O Box, Bldg , Room No , if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p><b>14 a</b> Nature of payment</p> <div style="border: 1px solid black; height: 150px;"></div>
<p><b>13 b</b> Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p><b>14 b</b> Amount of payment <input style="width: 100px;" type="text"/></p>

Name of Person Filing Joseph Mathews

File Number U-

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name National Automatic Sprinkler Fund of N Y

Trade Name, if any

P O Box, Bldg, Room No, if any P O Box 1987

Street

City Gaffney

State South Carolina ZIP Code + 4 29342-1987

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

9 Business deals with

☒ a Labor Organization

☐ b Trust

☐ c Employer

11 a Nature of such dealing

See attached

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

Amounts for reimbursement of monthly expenses

12 b Amount

\$558

## LM-30 Attachment

Name Joseph R Mathews  
LM-30 File Number To be assigned

Ending date of report period 12/31/04

LM-30 Items  
Number

- 8, Per direction provided by U S DOL OLMS, Part B includes reporting of transaction(s)  
9, including reimbursement of valid expenses by a trust in which the labor organization is  
11a interested as though the trust was a business This guidance provides a trust's dealings with  
and, a labor organization include the trust's receiving contributions from employers obligated to  
11b fund the trust per collective bargaining agreements negotiated by the labor organization  
While the guidance is unclear, other transactions may also be deemed to constitute dealings  
with the labor organization, trusts, or employers reportable in 11b Accordingly, the plan is  
listed here as though it is a business that has dealings with the labor organization, but no  
amount is reported in 11b and the total amount of all such dealings is not ascertainable Also  
note, the DOL software for preparing Form LM-30 does not permit, in part B item 9,  
selecting more than one answer